PATENT

Atty. Docket No.: 2852 PRO (203-3408)

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Scott Cunningham

Examiner: Gary Jackson

Serial No.:

10/621,759

Group Art Unit 3763

Filed:

July 17, 2003

Dated: January 23, 2006

For:

SURGICAL NEEDLE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) (Col. 3)		SMALL ENTITY				OTHER THAN SMALL ENTITY		
			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT.	OF	₹	RATE	ADDIT. FEE
TOTAL	12	MINUS	20	=	X	9	\$		X	18	\$0
INDEP.	3	MINUS	3	=	X	43	\$		Х	86	\$ 0
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						140	\$		X	280	\$0
					T	OTAL		OF	R T	OTAL	\$0

ADDIT. FEE \$ -0-

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 223131450 on date below.

Dated: January 23, 2006

Joseph W. Schmidt

 $[\]mbox{\ensuremath{^{\star}}}$ If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

^{**} If the "Highest No. Previously Paid For" IN THIS SPACE is lessitan 3, enter "3".

- [] Please charge Deposit Account No. <u>21-0550</u> in the amount of \$___. Two (2) copies of this sheet are enclosed.
- [] A check in the amount of \$____ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. <u>21-0550</u>. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. <u>21-0550</u> therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

Joseph W. Schmidt Reg. No. 36,920 Attorney for Applicant(s)

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JWS/td